



Northwest Retired and Senior Volunteer Program



Volunteer Registration

Name: _____ M ___ F ___ Birth Date ___/___/___

Address: _____
Street (Please include P.O. Box also) City State Zip

County of Residence: _____ Phone #: _____ E-mail Address _____

Education Level Completed: Elementary High School Graduate/GED College Graduate
 Masters Associate Degree Vocational

Can you speak another language, if yes what language(s)?: _____

Race/Ethnic Identity: White, not of Hispanic/Latino Origin Hispanic/Latino Asian
 Black or African American American Indian/Alaska Native Hawaiian/Pacific Islander

Are you a military veteran? Yes No

Previous Employment: _____

How did you hear about RSVP? _____

Are you willing to be put on an **on-call list** for special one time projects? ___Yes ___No

Skills and Interests you enjoy (Please Check **ALL** that Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Library | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Respite Adult/Youth | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Crocheting |
| <input type="checkbox"/> Math | <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Folk Fairs (School Based) | <input type="checkbox"/> Special Events | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Forestry Service | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Panel w/ other Seniors (classroom) | <input type="checkbox"/> Historical Society | <input type="checkbox"/> Mechanical Skills |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Thrift Stores | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Blood Mobile | <input type="checkbox"/> Appliance Repair |
| <input type="checkbox"/> K-5 | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> 6-8 | <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Musical/Singing |
| <input type="checkbox"/> 9-12 | <input type="checkbox"/> Adult Day Care Program | <input type="checkbox"/> Instrumental |
| <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Clerical/Receptionist | <input type="checkbox"/> Doll Making |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Driver/Escort | <input type="checkbox"/> Soap Making |
| <input type="checkbox"/> Info Desk | <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Coffee/Gifts | <input type="checkbox"/> Ads for Vintage Times | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Lifeline | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Animal Shelter |
| <input type="checkbox"/> Nutrition Sites | <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Cooking/Baking |
| <input type="checkbox"/> Card Playing | <input type="checkbox"/> Bingo/Games | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Other _____ | | |

Other interests/specific site you would like to volunteer at: _____

If appropriate, please let us know of any physical or medical limitation that should be considered in arranging your volunteer assignment. _____

PLEASE TURN OVER

Automobile Insurance Statement

Do you have a car? Yes No Are you claiming mileage reimbursement? Yes No

I understand that if I use my personal automobile to and from my volunteer workstation, I will arrange to keep in effect automobile liability insurance equal or greater than the minimum required by the State of Wisconsin.

Driver's License Number _____

Auto Insurance Company _____

Accidental Loss of Life Policy

The RSVP provides accident and liability insurance for volunteers while they are participating in an RSVP volunteer assignment. Please provide the name of the person who would receive the money provided by RSVP's insurance policy should something happen to you while you are at an RSVP volunteer station.

Beneficiary _____

Address _____

Photo Release

I have no objection to the use of my picture by RSVP for the specific purpose of publicity, public relations, or educational promotion, providing it is legitimately published with discretion, and I have given my consent.

Agree Disagree



I will volunteer my services through the Northwest Retired & Senior Volunteer Program (RSVP) and I understand that I am not an employee of Northwest Community Services Agency Inc.

Signature of Volunteer _____ Date _____

Signature of Program Staff _____ Date _____